	APOLLO HOSPITALS, SECUNDERABAD	COP – 01
		Issue: C
	POLICY ON UNIFORM CARE OF PATIENTS	Date: 06-01-2017
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PREPARED BY: Dy. Medical Superintendent		APPROVED BY: Chief Executive Officer

## 1.0 Purpose:


To delineate policy for planning and providing uniform, patient specific care, in the areas of medication usage, nutritional requirements, care during operative and other invasive procedures, rehabilitation and care during special procedures including restraint.

## 2.0 Scope:

2.1 To ensure uniform care to all patients using the services of the hospital. The scope include policies and procedures for

- § Use of resuscitation services throughout the organization
- § Use of Blood and Blood products
- § Care of comatose patients
- § Care of patients on dialysis
- § Care of patients on restraints
- § Care of the vulnerable
- § End of life care
- § Nutritional care
- § Anesthesia administration and surgical care

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### 3.0 Responsibilities:

Care providers at Apollo Hospitals, Secunderabad which comprise of – Clinical Coordinators, Consultants, Registrars, Residents, Nurses and other associated paramedical staff.

### 4.0 Policy:

- 4.1** The planning and provision of care shall be based on the assessment of individual patients' and on the patient's response to actual or potential alteration to health, individual patient's care planned and documented in the case file and the appropriate clinical record forms. Care is modified, as indicated by a change in the patient's condition in response to the practice of evidence based diagnosis, periodic assessment and therapeutic delivery and this shall be reflected in the care plan.
- 4.2** Documentation including, care plan, pertinent problems/needs, and all necessitated procedures performed, delineation of age-appropriate intervention, response to care, outcome of care etc. shall be appropriately recorded in the patients' medical record. The caregiver shall be identified by name / signature.
- 4.3** Integration of care plans shall be accomplished through collaborated approach with various disciplines/departments, and is communicated through written


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documentation available, e.g. case record, multidisciplinary rounds and the records thus generated shall be available to all care providers.

- 4.4** Planning and provision of care shall consider the right of the patient / family members to be informed of care planned and provided and the right to accept or refuse treatment.
- 4.5** Caregivers at all levels shall use protocols to guide patient care processes.
- 4.6** Surgical care shall be planned. Potential complications, options available and their expected outcomes and the probability of success or failure shall be discussed with the patient/family members. The surgeon responsible or the assignee shall take a written informed consent prior to surgery.
- 4.7** Emergency medications shall be kept in an appropriately placed crash cart, the constituents of which are checked and updated, against a predefined listing, once in a month, or after the cart is opened for a medical emergency.
- 4.8** Prescribed and required drugs shall be indented against the specific patient utilizing his UHID / IP No. / Name to ensure accuracy and prevent errors.
- 4.9** Medications errors are identified by prescription audits/care givers, which are reviewed, analyzed and corrective steps and action taken.

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- 4.10** Diet shall be advised by the physician in writing, following which the dietician attends to dietary requirements based on the patient's assessed needs. Food selection, exchanges, etc. shall be based on patient's likes and dislikes and tailored to fit the requirements based on the patient's disease/diagnosis and therapeutic requirements.
- 4.11** Care at all levels shall be accomplished by competent, trained staff. They are provided with job descriptions, legal parameters and related policies to perform their specific assigned tasks.
- 4.12** Selection of "care-setting" shall be determined by the patient's problem/needs, diagnosis, and care requirements for that particular patient.
- 4.13** Admission, transfer and discharge criteria for intensive care units serve as a guide to the caregiver, in the effective and safe planning, practice and provision of care.
- 4.14** Emergency services shall be guided by ER SOP's available in ER. This shall also include policies for handling MLC's, etc.
- 4.15** The ambulance services shall be controlled by ER department. The ambulances shall be well equipped, manned by trained personnel, checked daily (medications and equipments using a checklist) with a proper communication system.

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